Name in Full: Manard Isaiah Allen

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Howard Co near — County: Savage

Date of death: 1901 — Month: May — Day: 8 — Age — Years: — Months: 9 — Days: 15

Sex: Male — Color or Race: Black — Birthplace: Howard Co

Occupation: none — Where Residing If not at place of death: Howard Co

Married, Single or Widowed: none — Name of Wife or Husband: none

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Willis Allen — Father's Birthplace: Daylight Co

Mother's Maiden Name: Mary Marshal — Mother's Birthplace: Portsmouth Co

Name of person giving In formation: Wilkis Allen — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Undetermined — How long: 10 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. Bryd

Address: Laurel Md

Accident or Suicide? no

179

LIBRARY BUREAU A88516

Name in Full: Brandenburg, Joseph, Musser

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Alpha — (County): Howard

Date of death: 1904 — Month: 5 — Day: 1 — Age: Years — — Months — — Days: 13

Sex: Male — Color or Race: White — Birthplace: Md -

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm. Marshall Brandenburg — Father's Birthplace: Md

Mother's Maiden Name: Effye Ann Musser — Mother's Birthplace: Md -

Name of person giving Information: Wm. Brandenburg — How related to deceased: Father

CAUSES OF DEATH

Primary: Marasmus — How long: 13 days

Immediate: Unknown — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Frank Lucas MD

Address: Ellicott City, Md -

~~Accident or~~ Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Mrs Jessie Francis Brunner

Died at Town: Guilford County: Howard MARYLAND

Date 1904 Month: May Day: 9 | Age Y. 26 M. D. | Native of Penn. | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of C. Brunner

Father's Name

Mother's Maiden Name

Cause of Death — Primary: Tuberculosis — How long sick: 4 mo. 29 days

Immediate

~~Accident, Suicide~~, Homicide

Reported by F. C. Keerans, M. D.

Address Guilford Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7280-4

Chil
Mary
Lu
Lucy Bell
Geo Arrival [illegible] Family
Mary Frothingham
Robt Frothingham & Wife
Will Frothingham & Wife

Name in Full: Martha Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hanover — County: Anne Arundel — MARYLAND

Date of death 1904 — Month: May — Day: 19th — Age: Years 2, Months 4, Days

Sex: Female — Color or Race: Black — Birthplace: Maryland

Occupation: none — Where Residing if not at place of death: at place of death

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Henry Butler — Father's Birthplace: Maryland

Mother's Maiden Name: Rachell A Butler — Mother's Birthplace: Maryland

Name of person giving Imformation: James D Butler — How related to deceased: uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 4 months

Immediate: Tuberculosis — How long: 4 months

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: Arthur Williams

Address: Elk Ridge Howard Co Md

Accident or Suicide? no

LIBRARY BUREAU A88816

Name in Full: Charles Daley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Elkridge — County: Howard

Date of death 1904 — Month: 5 — Day: 15 — Age — Years: 7 — Months: 7 — Days: 21

Sex: Female — Color or Race: Colored — Birthplace: Elkridge

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: John Daly — Father's Birthplace: Md

Mother's Maiden Name: Hester Barnes — Mother's Birthplace: Md

Name of person giving In formation: John Daly — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions — How long: 3 days

Immediete: ? — How long: +

Are the name, ege, sex, color, date end place correctly given above? yes — Signature of Physician: Dr. Harrison Tongue

Address: Elkridge Md

Accident or Suicide?

LIBRARY BUREAU A8881S

Name in Full: Jane Gallacher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City; County: Howard

Date of death: 1904 Month: May Day: 31

Age: Years: 84 Months: Days:

Sex: Female Color or Race: White Birthplace: Md.

Occupation: house duties Where Residing if not at place of death:

Married, Single or Widowed: Widow Name of ~~Wife~~ or Husband: Ephriam H. Gallacher

Father's Name: Father's Birthplace: ~~N~~

Mother's Maiden Name: Mother's Birthplace:

Name of person giving In formation: John D. Gallacher How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Arteriosclerosis How long: Some years

Immediate: Heart Failure How long: Half hour

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: B. J. Byrne

Address: Ellicott City

~~Assistant~~ or Surgeon

PHYSICIAN OR CORONER

LIBRARY BUREAU A68516

Name in Full: Nettie V. Gue

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: near Ellicott City — Town — County: Howard

Date of death: 1904 — Month: May — Day: 13 — Age: Years 23 — Months — Days —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Washington E. Gue

Father's Name: John T. Ridgley — Father's Birthplace: Md.

Mother's Maiden Name: Margaret Brown — Mother's Birthplace: Md.

Name of person giving Information: Washington E Gue — How related to deceased: Husband.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: One week

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: [illegible]

Address: [illegible]

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Bazil W Harding

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Scaggsville; County: Howard

Date of death: Month: May; Day: 15; 1904

Age: Years: 62; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Howard Co

Occupation: Farmer

Where Residing if not at place of death: Dum Scaggsville H Co

Married, Single or Widowed

Name of Wife or Husband: Martha A Harding

Father's Name: Asbury Harding

Father's Birthplace: Howard Co

Mother's Maiden Name: Nancy Owens

Mother's Birthplace: Prince Geo Co

Name of person giving information: B. William Harding

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

How long:

Immediate: Suicide Gun Shot

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Clarence E Beall J.P.

Address: Laurel Md

Accident or Suicide?

L. R. Reedy M.D.

LIBRARY BUREAU A89516

Jane Bennet Jun
Bennet To Frederick Pharr

Esther Mccumamon ?
Savage & Co

Name in Full: Caroline Harris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City — County: Howard

Date of death 1904: Month: May — Day: 21 — Age: Years: 64 — Months — Days

Sex: Female — Color or Race: Negro — Birthplace: Md

Married, Single or Widowed: Widow — Occupation: Housework

Name of Wife or Husband: John Harris, deceased

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: ~~Jane~~ Jno Harris — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primery: Pneumonia — How long: 10 days

Immediate: Carcinoma

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. M. Bolgiano M.D.

Address: Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Infant Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Carrollton Manor — County: Howard

Date of death 190 4 — Month: 5 — Day: 9 — Age: Years: ——— Months: Still born — Days:

Sex: Male — Color or Rece: White — Birth-place: Maryland

Married, Single or Widowed: Single — Occupation: ———

Name of Wife or Husband:

Father's Name: Charles Jones — Father's Birthplace: Ellicotts City

Mother's Maiden Name: Emma Brian — Mother's Birthplace: Balt

Name of person giving In formation: Dr Bromley — How related to deceased: Dr

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primery: Still Born — How long:

Immediate: — How long:

Are the name, ege, sex, color, date and piece correctly given above? Yes

Signature of Physician: Thos B Bromley

Address:

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Mrs Anna Kalkach

Died at Guilford (Town) Howard (County) MARYLAND

Date 1904 Month May Day 9 | Age Y. 88 M. 1 D. 9 | Native of Germany | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living Five

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary — Old Age; Immediate — La Grippe

How long sick 8 mos.

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by I. C. Keenan

Address Guilford. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Ulysses S McCauley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Elk Ridge — County: Howard Co

Date of death 1904 — Month: May — Day: 18th

Age — Years: 40 — Months — Days

Sex: Male

Color or Race: White

Birthplace: Maryland

Married, Single or Widowed: Married Divorced

Occupation: Telegrapher

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information: Chas A R Earle

How related to deceased: Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease — How long: 3 years

Immediate: Heart Disease — How long: 3 years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Arthur Williams

Address: Elk Ridge Howard Co Md

Accident or Suicide? No.

LIBRARY BUREAU A38816

Name in Full: Anne Lloyd-Macgill

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Alwol Farm — County: Howard County

Date of death 1904: Month: May — Day: 22nd — Age: Years: 35 — Months: 4 — Days: 12

Sex: Female — Color or Race: White — Birthplace: Manchester Va

Married, Single or Widowed: Married — Occupation:

Name of Wife or Husband: Richard D. Macgill Jr

Father's Name: James Macgill — Father's Birthplace: Lagrasbin Ga

Mother's Maiden Name: Belle Reese — Mother's Birthplace: Palatki Va

Name of person giving Information: L. C. French — How related to deceased: Dr Relation

138

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pregnancy — How long: 7 months

Immediate: Acute Typhoitis — How long: Unknown

Are the name, age, sex, color, date and place correctly given above? Yes

Signeture of Physician: L. C. Kerrano

Address: Guilford. Md.

Accident or Suicide?

LIBRARY BUREAU A83518

Name in Full

Certificate of Death

Died at Town: Woodstock County: Howard MARYLAND

Date 1904 Month: May Day: 11th Age: Y. ~~M.~~ D. 5 Native of: Md Occupation

~~Male~~ / ~~Female~~ ~~White~~ / Colored ~~Married~~ / Single ~~Widow~~ / Widower ~~Divorced~~ Number of children living

~~Husband~~ / ~~Wife~~ of

Father's Name: Geo W. Mathews Mother's Name: Sarah Mathews

Cause of Death: Primary: very feeble & premature birth How long sick: 5 days

Immediate: convulsions

~~Accident, Suicide, Homicide~~

Reported by: Benj. F. Shipley M.D.

Address: Alpha Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65965

Name in Full: Howard Mattheus

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Ellicott City — County: Howard

Date of death 190 4: Month: May — Day: 20 — Age: Years: 34 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace

Married, Single or Widowed: single — Occupation: Laborer

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Jas. E Mathis — How related to deceased: none

176

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Hanging for Murder — How long

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: William E Hodges

Address: Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: James H. Elliott

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: West Friendship — County: Howard

Date of death 190 4: Month: May — Day: 17 — Age: Years: 78 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: —

Married, Single or Widowed: Widowed — Occupation: Laborer

Name of Wife or Husband: —

Father's Name: — — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Joshua Savoy — How related to deceased: Son in law

154

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exposure + Debility — How long: 6 days

Immediate: Heart failure — How long

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Jno W Stabler & Son

Address: West Friendship Howard County

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full: Eli Molesworth

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Shafersville — County: Howard

Date of death 1904: Month: May — Day: 28 — Age: Years: 73 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, ~~Single~~ or ~~Widowed~~ — Occupation: Farmer

Name of Wife or ~~Husband~~: Mary A. E. Molesworth

Father's Name: Eli Molesworth — Father's Birthplace: Maryland

Mother's Maiden Name: Asinie Chambers — Mother's Birthplace:

Name of person giving Information: Elizabeth Brown — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Anemia & Paralysis — How long: 2 Years

Immediate: Haematuresis — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. E. Brownell

Address: Mt. Airy, Md.

Accident or Suicide?

LIBRARY BUREAU A90816

Name in Full: Thomas H. Neal

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City; County: Howard

Date of death 1904: Month: May; Day: 24; Age: Years: 20; Months: —; Days: —

Sex: Male; Color or Race: Colored; Birthplace: Md.

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Geo. Wesley Neal; Father's Birthplace: Md

Mother's Maiden Name: Clarisa Green; Mother's Birthplace: Md

Name of person giving Information: Clarisa Neal; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculous; How long: 2 months

Immediate: Exhaustion; How long: 3 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: John F. Mangum M.D.

Address: Ellicott City, Md

Accident or Suicide? —

LIBRARY BUREAU Add816

Name in Full: Walter Iral

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City — County: Howard

Date of death 1904: Month: May — Day: 7

Age: Years: 30 — Months: — — Days: —

Sex: Male — Color or Race: Colord — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Farm Hand

Name of Wife or Husband: Frances Iral

Father's Name: John Iral — Father's Birthplace: Maryland

Mother's Maiden Name: Sarah Iral — Mother's Birthplace: "

Name of person giving information: Stephen Iral — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 1 year

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Milton Easton Underta[illegible]

Address: Ellicotts City

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full

Certificate of Death

James H. Perkins

Town: Centreville County: Howard Co MARYLAND

Died at

Date 19 04 Month: June Day: 9th Age: Y. 1 M. 2 D. 7 Native of: Maryland Occupation: Infant

Male / ~~Female~~ White / ~~Colored~~ ~~Married~~ / Single Widow / Widower Divorced

Number of children living: none

Husband of / Wife

Father's Name: Joseph A. Perkins Mother's Maiden Name: Hattie Howard

92

Cause of Death — Primary: Catarrhal Pneumonia How long sick: one week

Immediate: Failure of Vital forces Accident, Suicide, Homicide

Reported by: Walter J. Sinn M. D.

Address: Centreville Howard Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79809

Name in Full: Mary Ann Pratt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City — County: Howard

Date of death 1904: Month: May — Day: 30 — Age: Years: 98 — Months: — Days: —

Sex: Female — Color or Race: Colord — Birthplace: Mongomery co

Married, Single or Widowed: Widowed — Occupation: Housr Keeper

Name of Wife or Husband:

Father's Name: Samuel Pratt — Father's Birthplace: Mongomery co

Mother's Maiden Name: Piggie Pratt — Mother's Birthplace: "

Name of person giving In formation: Rachel Gassaway — How related to deceased: Daughter

154

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Milton Easton Undertaker

Address: Ellicott City

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Rev Joseph Pulzer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Saint Clements — County: Howard Co

Date of death 1904: Month: 5 — Day: 15 — Years: Age 68 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Germany

Married, Single or Widowed — Occupation: Priest

Name of Wife or Husband: ~

Father's Name: ~ — Father's Birthplace: ~

Mother's Maiden Name: ~ — Mother's Birthplace: ~

Name of person giving In formation: Thos Bowling — How related to deceased: Friend at ale

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diabetis — How long: 14 yrs

Immediate: Exhaustion — How long: 1 month

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos Bowling

Address: Ellicott City

Accident or Suicide?

LIBRARY BUREAU A99315

Name in Full

Josephine Reynolds

Certificate of Death

Died at Town: Elkridge County: Howard MARYLAND

Date 1904 Month: May Day: 21st | Age Y. 25 M. — D. | Native of Md | Occupation Housewife

~~Male~~ Female | White Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 2

Husband / Wife of Frank Reynolds

Father's Name Richard Young | Mother's Maiden Name not known

Cause of Death: Primary Pulmonary Tuberculosis — How long sick about 1 yr

Immediate Systemic Prostration

Accident, Suicide, ~~Homicide~~

Reported by Benj. F. Shipley M D

Address Elkridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79398

Name in Full: Florence E. Sullivan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ilchester — County: Howard

Date of death 1904: Month: May — Day: 12 — Age: Years: 30 — Months: 3 — Days:

Sex: Female — Color or Race: White — Birthplace: Pennsylvania

Married, Single or Widowed: Married — Occupation: House wife

Name of Wife or Husband: Nelson S. Sullivan

Father's Name: Henry A. Jenkins — Father's Birthplace: Penna.

Mother's Maiden Name: Emily M. Shipley — Mother's Birthplace: Maryland

Name of person giving Information: Nelson Sullivan — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 4 mo. —

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, data and place corractly givan above? yes —

Signature of Physician: Jno. W. Robertson

Address: West Friendship, Howard County

Accident or Suicide?

LIBRARY BUREAU A8S910

Name in Full — Certificate of Death

Linda B. Bernay

Town — County

Died at Woodstock — MARYLAND

Date 19 04 — Month: May — Day: 29 — Age: ~~Y. M. D.~~ — Native of: Md — ~~Occupation~~

~~Male~~ / Female — ~~White~~ / ~~Colored~~ — ~~Married~~ / Single — ~~Widowed~~ / Widower — ~~Divorced~~ — ~~Number of children living~~

~~Husband of~~ / ~~Wife~~ S.

Father's Name: Frederick Bernay — Mother's Maiden Name: Mary B. Grass

Cause of Death — Primary: died in birth — How long sick: during labor

Immediate: detachment of placenta — Accident, ~~Suicide, Homicide~~

Reported by: Benj. F. Shipley

Address: Alpha Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

a case of first presentation
death caused by detachment
of placenta by the head was
[illegible] coming head
delivered by forceps in 10
minutes after body was born

Name in Full

Certificate of Death

Carrutell Warfield

Town: Pine Orchard

County: Howard

Died at Pine Orchard Howard MARYLAND

Date 1904 Month: May Day: 9

Age: Y. 17 M. 1 D. 2

Native of: Howard Co

Occupation:

~~Male~~ Female

~~White~~ Colored

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living none

Husband of Wife

Father's Name: Grant Warfield

Mother's Name: Annie Warfield

Cause of Death — Primary: Whooping Cough — How long sick: 3 Weeks

Immediate: " "

Accident, Suicide, Homicide

Reported by: Dr R C Hammond

Address: Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65585

Name in Full: Charles G. Wartman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Lisbon — County: Howard

Date of death 1904 — Month: May. — Day: 5. — Age — Years: — — Months: — — Days: 4 hours

Sex: Male. — Color or Race: White. — Birthplace: Lisbon. Md.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Charles G. Wartman. — Father's Birthplace: Maryland

Mother's Maiden Name: Sally Stewart. — Mother's Birthplace: Maryland.

Name of person giving Imformation: Chas. G. Wartman — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth. — How long: —

Immediate: Asthenia — How long: Two hours.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: 151

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full

Isabella Ann Miles

Certificate of Death

Town: Alberton

County: Howard

Died at Alberton, Howard, MARYLAND

Date 1904 Month May Day 17 | Age Y. 28 M. 4 D. 18 | Native of Howard Co, Md | Occupation Cotton Weaver

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of ~~~~~~~~~~~~~~~~~~~~

Father's Name William Nelson Miles

Mother's Name Darkey Isabella Johnson

Cause of Death: Primary Pulmonary Tuberculosis — How long sick 6 months

Immediate Asthenia

~~Accident, Suicide, Homicide~~

Reported by Wm B. Gambrill, M.D.

Address Alberton, Howard Co., Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968